



STATE OF TENNESSEE
2004
AD VALOREM TAX REPORT



EXACT NAME OF COMPANY FILING THIS REPORT

STREET NUMBER, CITY, STATE & ZIP CODE OF COMPANY'S PRINCIPLE OFFICE

STREET NUMBER, CITY, STATE & ZIP CODE OF COMPANY'S PRINCIPLE OFFICE **IN TENNESSEE**

() PHONE () FAX EMAIL

MAIL TO:

**COMPTROLLER OF THE TREASURY
OFFICE OF STATE ASSESSED PROPERTIES**

James K. Polk State Office Building, Suite 1700

505 Deaderick Street

Nashville, Tennessee 37243-0281

(615) 401-7900 FAX (615) 532-8666

osap.osap@state.tn.us

**** THIS REPORT MUST BE FILED WITH THIS OFFICE BY APRIL 1, 2004 ****

MOTOR BUS AD VALOREM TAX REPORT GENERAL INSTRUCTIONS

1. This report must be filed with the Comptroller of the Treasury on or before April 1, 2004.
2. **FAILURE** to file a complete report will result in a **FORCED ASSESSMENT**, and the property owner may, at the discretion of the Comptroller, be liable to a penalty of \$100 for each and every day the owner is delinquent in filing. Tennessee Code Annotated § 67-5-1317.
3. This report is subject to **AUDIT** by the office of the Comptroller. Tennessee Code Annotated § 67-5-1320.
4. Blank report forms are available at <http://www.comptroller.state.tn.us/sap/advalorem.htm>. The report may be printed, completed manually, and filed; or the report may be completed on-line, printed, and filed.
5. Round all dollar figures to whole dollars. Do not leave blanks. Enter "0" for none.
6. Guide for preparing **Lines 10-13**: (As of 12/31/03). These amounts apply only to trucking operations.

			Net Operating
<u>S/</u>	<u>Total Current Assets</u>	<u>Total Current Liabilities</u>	<u>Income</u>
E/	Cash and Deposits	Notes Payable	Gross Revenues
L/	Temporary Investments	Accounts Payable	minus operating
P/	Accounts Receivable	Accrued Interest	expenses not
M/	Notes Receivable	Taxes Payable	including interest
A/	Materials and Supplies	Accrued Wages, Salaries	expense.
X/	Prepaid Expenses	Customer Deposits	
E/	Other Current Assets	Other Current Liabilities	

7. Revenue Equipment is all equipment used in direct production of income, i.e., Buses or Vans.
8. **Line 14A**-Cost of Total System Revenue Equipment "OWNED" should be the gross original cost, before depreciation if purchased new. Cost of used equipment should be the acquisition cost.
9. **Line 14B**-Cost of Total System Revenue Equipment "LEASED" should be the gross original cost, new or used, to the lessor. If the actual cost is not available, reasonable estimates will be considered if adequate details are provided.
10. **Line 14C**-Cost of Total System Revenue Equipment "USED" should be the gross original cost, new or used,
11. **Line 15**-Report the total number of Sysem Power Units owned, used, or Leased by your bus company. This number should match the total for lines 1-10 on MB -4.
12. **Line 16**-Report the Real Property owned in the exact name of your bus company.
13. **Line 17**-Report the Real Property Under Construction in the exact name of your bus company.
14. **Line 18**-Report the Purchases and Sales of Real Property owned in the exact name of your bus company.
15. **Line 19**-List all Personal Property Owned, Used, or Leased by your bus company.
16. **Page MC-4**-Summarize all Carrier Operating Property Owned, Used, or Leased by your bus company.
17. **Page MC-5**- List where your Over-The-Road Equipment is physically located. As an alternative, you may list primary points of pickup and delivery.

"When providing additional information, please use a standard 8 1/2" X 11" page."

MOTOR BUS**2004 AD VALOREM TAX REPORT**

1. Company Legal Name: _____
 Doing Business as: _____

2. A. Business Address: _____
 (Street) _____
 (City, State) _____ (Zip Code) _____

B. Mailing Address: _____
 (If different) _____
 (Street or P. O. Box) _____
 (City, State) _____ (Zip Code) _____

C. Tennessee Primary _____
 Physical Location: _____
 (If different) _____
 (Street) _____
 (City, State) _____ (Zip Code) _____

3. Telephone Number: _____ Fax Number: _____

4. Company Web Site: _____

5. Direct questions about this report to: _____ 6. Name and Address of President or Owner: _____

 (Name and Title)

 (Street or P. O. Box)

 (City, State) _____ (Zip Code) _____

 (Telephone No.) _____ (Fax No.) _____

 (e-mail)

 (Name and Title)

 (Street or P. O. Box)

 (City, State) _____ (Zip Code) _____

 (Telephone No.) _____ (Fax No.) _____

 (e-mail)

7. Is your company a common carrier for hire? Yes _____ No _____

8. Motor carrier authority: USDOT# _____ ICC# or FHWA# _____

9. Total miles for all over-the-road vehicles operated during the year ended December 31, 2003:

A. Tennessee Only _____ B. Total System including TN _____

10. Total Current Assets: \$ _____ 11. Total Current Liabilities: \$ _____

SYSTEM

12. Gross Revenues \$ _____ 13. Net Operating Income \$ _____

14. Total System Revenue Equipment Cost: _____ 15. Total Number of
 (Over-the-road vehicles) System Power Units: _____

A. Owned \$ _____
 B. Leased \$ _____
 C. Used \$ _____

[illegible]

CT-0395(Revised1/04)

CARRIER OPERATING PROPERTY - SUMMARY

MB – 4

Submit below the **new cost** (gross original cost before depreciation) for property and equipment purchased or acquired new or the **used cost** (cost when acquired) for carrier property and equipment used or held for use in carrier operation at the beginning and close of 2003.

Include under Revenue Equipment (Leased) all equipment leased by carrier or otherwise controlled and operated under carrier's Federal Highway Authority, former I.C.C. or State Authority, as of December 31, 2003.

***ESTIMATE IF ACTUAL COST IS NOT AVAILABLE**

ALL STATES								TENNESSEE
Line No.	Type of Property	No. Of Items	Balance at Beginning of Year	Additions During Year	Retirements During Year	No. Of Items	Balance at Close of Year	Balance at Close of Year
<u>Revenue Equipment (Owned)</u>								
1.	Passenger Bus	_____	_____	_____	_____	_____	_____	_____
2.	Mini-Passenger Bus	_____	_____	_____	_____	_____	_____	_____
3.	Van	_____	_____	_____	_____	_____	_____	_____
4.	Other Revenue Equipment	_____	_____	_____	_____	_____	_____	_____
	TOTAL	_____	_____	_____	_____	_____	_____	_____
<u>Revenue Equipment (Leased or Used)</u>								
5.	*Passenger Bus	_____	_____	_____	_____	_____	_____	_____
6.	*Mini-Passenger Bus	_____	_____	_____	_____	_____	_____	_____
7.	*Van	_____	_____	_____	_____	_____	_____	_____
8.	*Other Revenue Equipment	_____	_____	_____	_____	_____	_____	_____
	TOTAL	_____	_____	_____	_____	_____	_____	_____
<u>Personal Property (Owned, Leased or Used)</u>								
9.	Furniture & Fixtures	_____	_____	_____	_____	_____	_____	_____
10.	Computer & Other Office Equipment	_____	_____	_____	_____	_____	_____	_____
11.	Tools	_____	_____	_____	_____	_____	_____	_____
12.	Repair Parts	_____	_____	_____	_____	_____	_____	_____
13.	Shop & Garage Equipment	_____	_____	_____	_____	_____	_____	_____
14.	Miscellaneous Equipment	_____	_____	_____	_____	_____	_____	_____
15.	Non-Revenue Equipment	_____	_____	_____	_____	_____	_____	_____
16.	Other: _____	_____	_____	_____	_____	_____	_____	_____
	TOTAL	_____	_____	_____	_____	_____	_____	_____
<u>Real Property (Owned)</u>								
17.	Land & Land Rights	_____	_____	_____	_____	_____	_____	_____
18.	Structures	_____	_____	_____	_____	_____	_____	_____
19.	Construction in Progress	_____	_____	_____	_____	_____	_____	_____
20.	Leasehold Improvements	_____	_____	_____	_____	_____	_____	_____
	TOTAL	_____	_____	_____	_____	_____	_____	_____

Please indicate the physical location in Tennessee of all buses or vans when not traveling over the road. As an alternative, you may report major points of pickup and delivery. If the buses or vans are located outside any city limits, enter the name of the county only. If located inside a city limits please indicate both the county and city names. Provide the names of all Tennessee owner/operators providing motor carrier services under your authority in the column provided

[illegible]

IF ADDITIONAL SPACE IS NEEDED, ATTACH INFORMATION ON A STANDARD 8.5 X 11 INCH SHEET.

AFFIDAVIT

STATE OF _____)

COUNTY OF _____)

I, _____, being the OWNER, PRESIDENT, SECRETARY, AND /OR PARTNER OF _____, do hereby swear and affirm that the foregoing Ad Valorem Tax Report for the year two thousand four has been prepared from only the original books, papers, and records of said respondent under my direction in accordance with Tennessee Code Annotated, Section 67-5-1316, and is true and correct to the best of my knowledge and belief.

FURTHER THE AFFIANT SAITH NOT.

NAME

OFFICIAL CAPACITY

Sworn to and subscribed before me on this the ____ day of _____, 2004.

NOTARY PUBLIC

My Commission Expires: _____